As the below named inventor(s), I/we declare that:

عرساوه

PTO/SB/01A (10-00)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1965, no persons are required to respond to a cellection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

This declaration is directed to:					
	The attached application				
	Application No.	, filed	on,		
	☐ as amended on .		(if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;					
If we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and					
All statements made herein of mylown knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME O	F INVENTOR(S)				
Inventor one:	Kazuki Hosoya				
Signature:	Mazika Hosoya	Citizen of:	Japan		
Inventor two:	Akimichi Watanabe				
Signature:	Skimiki Watanabe	Citizen of:	Јарап		
Inventor three:			одрав		
Inventor three: Signature:					
			одрав		
Signature: Inventor four: Signature:	ntors are being named on	Citizen of:			

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Conflictnitality is governed by 35 U.S.C. 112 and 37 CFR 1.6. This form is eat-mated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be kent to the Chief information Officer, U.S., Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JAN-21-2002 02:28

	7		ł
Please type a plus sign (+) inside this box	▶[4	ļ
7, 1	-	, ,	Į

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to reapond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Bc Assigned		
Filing Date	To Be Assigned		
First Named Inventor	HOSOYA, Kazuki		
Titlo	Heat Exchangers and		
Group Art Unit	To Be Assigned		
Examiner Name	To Be Assigned		
Attorney Docket Number	018842.1195		

I hereby app	oint:					
Practition OR	oners at (Dustomer Number				24735
Practitio	iner(s) na	med below:				TAILM INCUMANCE VITE
		Name			Registr	ation Number
				+		
as my/our attor business in the	rney(s) or United (agent(s) to prosect	cute the application	n identif connect	ied above, ed thorewit	and to transact all
✓ The above OR Practitions	e-mentior	espondence addressed Customer Num	ss for the above-id nber.	entified	→ [n to: Piace Customar Number Bar Code Label hara
OR Firm or					<u> </u>	Land Hird
Individual N	lame					
Address						
Address					T	
City Country				State	L	· Zip
Telephone				Fax		
I am the:				FOX		
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
		SIGNATURE of	f Applicant or Assid	nee of	Record	
Name	Kazuki	Ноѕоуа				
Signature	Doza	hi Horowa				
Date	Date ./17/2002					
NOTE: Signatures of a forms if more than one	il the inven	on or essigness of re-	cord of the entire intere	al or their	representati	ve(s) are required. Submit multiple
☑ Total of2		ne are submitted.				

Burden Hour Statement: This form is assimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of lime you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 2021. DO NOT SEND FEES ON COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) Inside this box	→	+
---	----------	---

10270245335

PTO/SB/81 (02-21)

Approved for use Inrough 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to reapond to a collection of information unlast it display a valid OMB control number.

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	To Be Assigned		
Filing Date	To Be Assigned		
First Named Inventor	HOSOYA, Kazuki		
Title	Heat Exchangers and		
Group Art Unit	To Be Assigned		
Examiner Name	To Be Assigned		
Attorney Docket Number	018842.1195		

I hereby appoint:	tiam ministratur prisa				
Practitioners at Customer Number	 				
OR	PATENT TRADESARK OFFICE				
Practitioner(s) named below:					
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identif					
OR Practitioners at Customer Number	Place Customer Number Bar Code				
OR	Labol here				
Firm or Individual Name					
Address					
Address					
City	State Zip				
Country					
Telephone F	ах				
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).					
SIGNATURE of Applicant or Assignee of Record					
Name Akimichi Watanabe					
Signature Apinichi Watanafu					
Date 1/17/2002					
NOTE: Signatures of all the inventors or assignees of record of the entire interest of forms if more than one signature is required, see below.	r their representativo(x) are required. Submit multiple				
✓ Total of forms are submitted.					

Burdon Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Tredemark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.